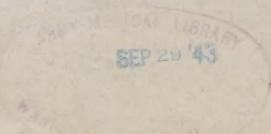


Michigan, USA, Health Department.

County and District Health Departments in Michigan

Michigan
Department of Health
Lansing
1942



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TABLE OF CONTENTS

	Page
County and district health departments in Michigan	3
History of county health departments	4
Michigan law authorizing county or district health department organization	7
Personnel and duties	8
The budget of a county health department	15
Benefits which may be anticipated	16
Organizing the health department	17
What the supervisors say	18
Historical development of local health administration	21

CHARTS

Minimum plan of organization of a district health department	6
Minimum plan of organization of a county health department	7
Some activities of a county or district health department	9

COUNTY AND DISTRICT HEALTH DEPARTMENTS IN MICHIGAN

FULL-TIME HEALTH DEPARTMENTS on a county or district basis are proving an efficient and economical means of safeguarding the public health in the smaller communities and rural areas of Michigan. The value of a well organized health department has long since been demonstrated in our large cities, but only in recent years have similar health protection services been provided for rural communities.

Today we know that health conditions in urban and in rural areas are no longer unrelated. Modern high-speed transportation has destroyed whatever protection there formerly may have been for isolated rural communities. But on the other hand, the ease and speed of modern communication have also made it possible for these same rural communities to have the protection of a modern full-time health department.

Medical science, too, has made rapid strides—the discoveries of the past 60 years probably outranking those of previous centuries. A broad gap exists, however, between this knowledge of what can be done to improve the public health and what actually is being done. The modern full-time health department is an effective way to bridge this gap, not only making available to the public the facts concerned with the maintenance and improvement of personal health, but also putting into practice accepted scientific measures for promoting the health of the community.

A home rule agency. A full-time county or district health department is an organization of well trained health workers devoting their whole time to the job of protecting the health of the community they serve. Such a department is organized and maintained by the local boards of supervisors. The department is responsible directly to the people of the community through the boards of supervisors. It is the people's own health department working to protect them.

The full-time health department does not engage in the practice of medicine or in social work. It does not compete with or replace either the practicing physician or the welfare worker. The health department actually is the contact point between the people and the health professions, interpreting to the people the health services available. A sound community health program is founded upon the services of these professions. In every community the doctors and dentists, the hospitals, the schools, the welfare agencies and all the voluntary and governmental organizations have a part to play in this program. The full-time health department serves as the integrating agency for organizing these community facilities and resources and making them better known and more readily available to the people.

Basic objectives. Basic objectives of full-time local health departments are: effective control of communicable diseases, improvement in the sanitation of home and community, special protection for the health of mothers and children, the provision of diagnostic laboratory service, distribution of biologics for the prevention and treatment of disease, the collection of vital statistics for determining health conditions in the community and the dissemination and interpretation of health information to the people.

The full-time health department is the authorized local agency for the enforcement of health laws, ordinances and regulations. Such a department not only carries on the day-to-day precautions against the spread of disease, but also serves the community as its first line of defense in those emergencies caused by disease epidemics. The full-time health department, too, has proved an economy to local boards of supervisors in obtaining efficient and qualified medical care for communicable disease cases among indigents.

The costs of medical relief are many times greater than the funds spent for prevention. It must be remembered that the spending of funds for the care of illness that could have been prevented is merely "bailing the boat rather than caulking the seams." Sound organization means economy and efficiency. Lack of it means waste and inefficiency, not only in expenditures but in duplication and overlapping of services.

Two types of organization. Two types of rural health departments have proved practical in Michigan—the single county and the combined county or district health department. County health departments are established in those counties having a large enough population (approximately 20,000) and a sufficiently high assessed valuation to justify such a department. District health departments are organized when the combination of two or more counties is necessary to support an effective full-time health service. Both county and district health departments function on a full-time basis under the direction of specially trained health workers.

Since the Legislative Enabling Act of 1927, a total of 66 Michigan counties has provided full-time health protection for their citizens through the establishment of one county-city, 30 county and 12 district health departments. Today more than 68.7 per cent of the rural population of Michigan enjoys the protection of full-time health service. Although it is within the authority of any local board of supervisors to abolish such a department, it is significant that no department has ever been discontinued.

HISTORY OF COUNTY HEALTH DEPARTMENTS

Not only in Michigan but throughout the nation full-time county health departments have proved effective in meeting the health problems of rural communities. The development of such departments has marked one of the major advances in public health administration during the past quarter-century.

One of the first county health departments was organized in June, 1908, when the health officer of Jefferson County, Kentucky, was authorized to provide full-time service with a staff of sanitary inspectors. Full-time county health service was also developed in Guilford County, North Carolina, in June, 1911, to promote the health of school children. In July, 1911, a full-time county health department was established in Yakima County, Washington, on the recommendation of Doctor L. L. Lumsden of the United States Public Health Service for the purpose of protecting the community from typhoid fever which had been prevalent. Later the Rockefeller Foundation adopted the policy of stimulating organization of county health departments in some of the southern states to consolidate the gains made in these states in the program for the eradication of hookworm disease.

From these beginnings the county health department has developed into an organization providing a complete public health service including in addition to communicable disease control and sanitation programs, work in maternity, infant, preschool and school health. By January 1, 1938, of the 3,000 counties in the United States 1,169 were under direction of local full-time health officers.

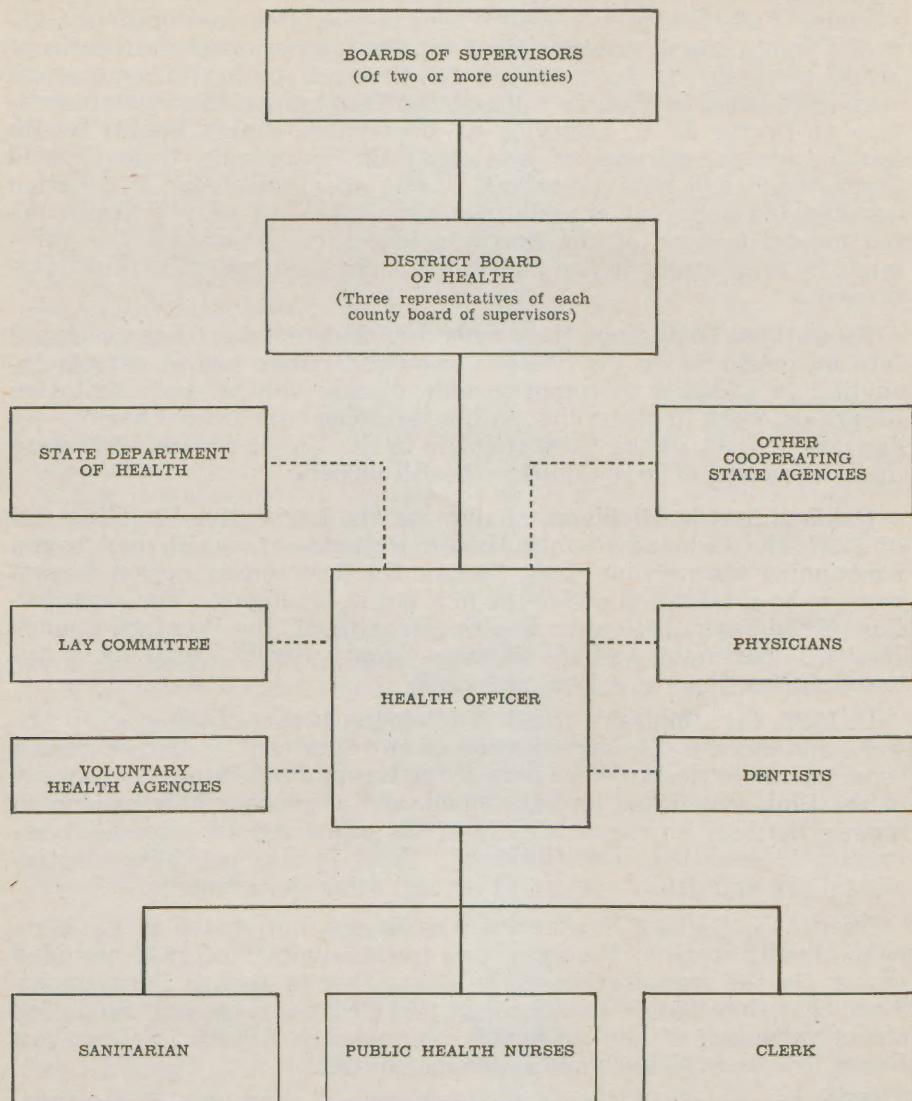
Oakland first in Michigan. Following the Legislative Enabling Act of 1927, the Oakland County Health Department, which had begun functioning the previous year, became the first county health department to be established under the new act in Michigan. The organization of the Saginaw County Health Department, the Wexford County Health Department, and the Genesee County Health Department followed during the years 1928 and 1929.

In 1929, the Children's Fund of Michigan became interested in the work and aided in the organization of two four-county district health departments in the northern part of the Lower Peninsula. The interest of the Children's Fund has continued, and at present it is helping to finance the health programs of 18 of the organized departments comprising 42 counties. The Children's Fund is also providing supplemental eye and dental service to several other departments.

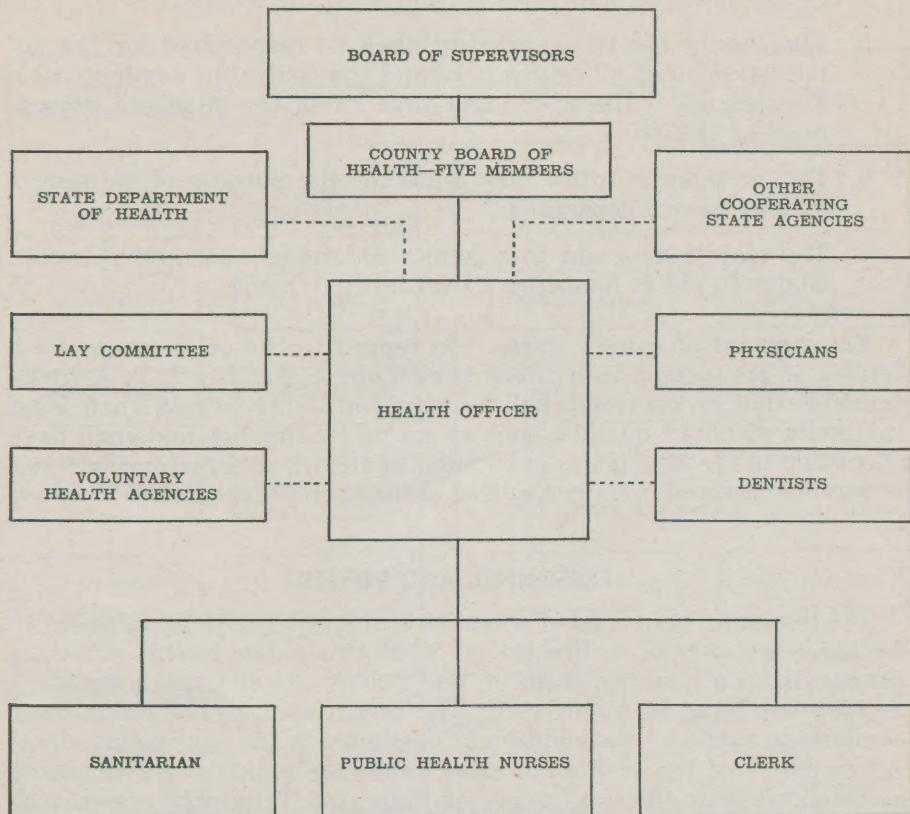
The W. K. Kellogg Foundation also became interested in full-time public health work in Michigan, and in the summer of 1931 provided money for the organization of the Barry County Health Department. Since that time the Foundation has provided the necessary funds for the organization of similar health programs in Allegan, Eaton, Van Buren, Hillsdale, Branch and Calhoun counties.

With the appropriation of money by Congress in February, 1936, covering the health provisions of the Social Security Act, funds were made available for assisting the states in strengthening and developing health services. This stimulated the interest of people living in many of the counties not having full-time health departments. As a result of this interest, the boards of supervisors of twelve counties voted to establish such departments. By January 1, 1942, 65 of the 83 counties in Michigan were operating full-time county or district health departments, providing a complete public health program for more than 67.6 per cent of the rural population of the state.

MINIMUM PLAN OF ORGANIZATION OF A DISTRICT HEALTH DEPARTMENT



MINIMUM PLAN OF ORGANIZATION OF A COUNTY HEALTH DEPARTMENT



MICHIGAN LAW AUTHORIZING COUNTY OR DISTRICT HEALTH DEPARTMENT ORGANIZATION

Provision for the organization of full-time county or district health departments was made by Act No. 306, P. A. 1927, as amended by Act No. 118, P. A. 1929. The main features of these laws are as follows:

1. The board of supervisors of any county may establish a county health department to be paid for out of the general funds of the county.
2. The plan of organization of the county health department shall be approved by the State Health Commissioner.
3. The health officer of the county shall be selected by the board of supervisors and he as well as other members of his staff must be approved by the State Health Commissioner.

4. The county or district health department shall have jurisdiction throughout the county or district except in cities having an organized health department with a full-time health officer. Such cities, however, may elect to join with the county.
5. The county health department shall be responsible for the administration of all health laws and the control of communicable diseases under the advice and direction of the Michigan Department of Health.
6. Two or more counties may unite for the purpose of forming a district health department.
7. The state may grant to a county an annual sum not to exceed \$3,000 to aid in financing a health department.

Employment of county nurse. In regard to the employment by a county of any person as a public health nurse, Act No. 7, P. A. 1925, provides that no contract shall be valid until such person shall meet minimum standard qualifications as set up by this law and shall have furnished to the Michigan Department of Health satisfactory evidence of having received certain required training and experience.

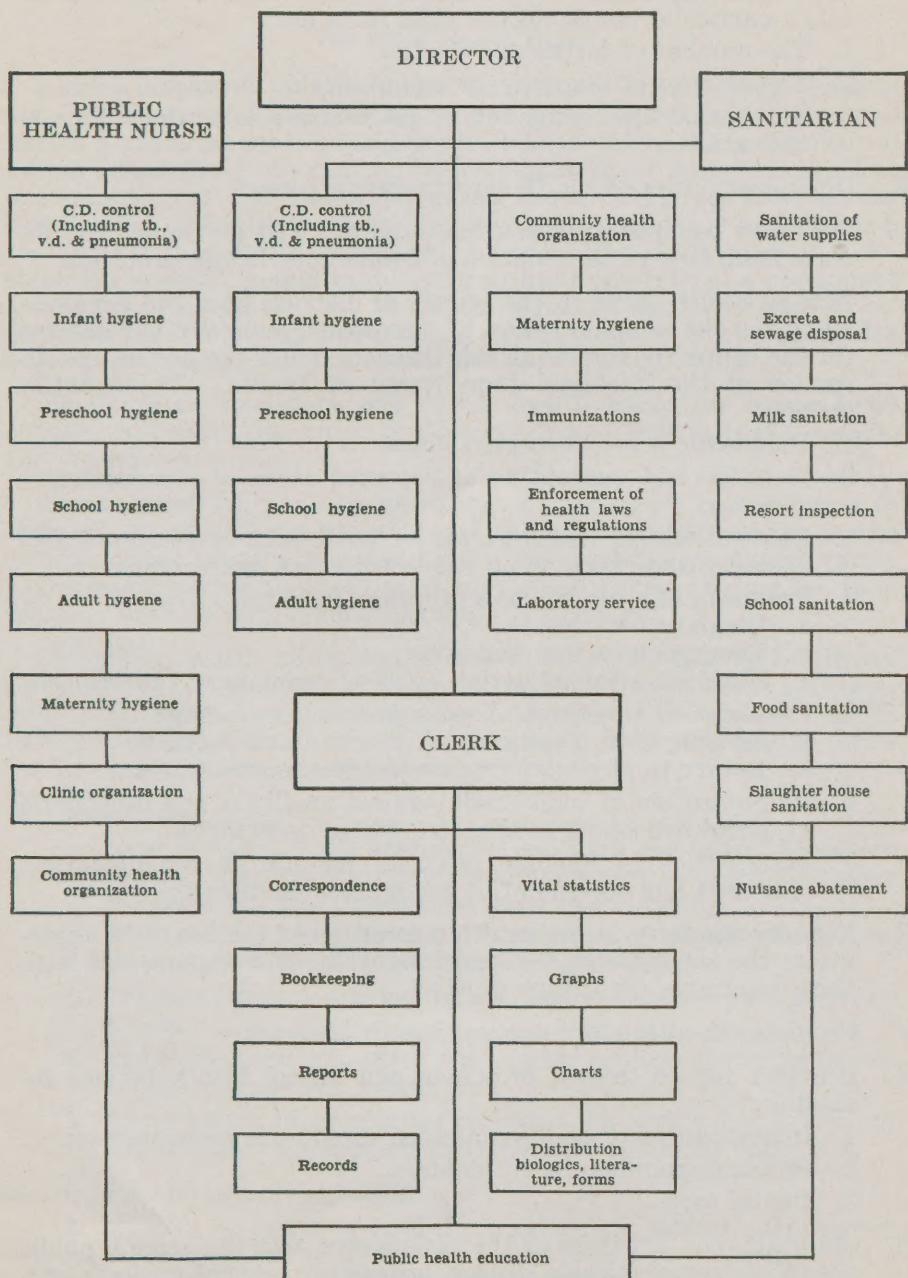
PERSONNEL AND DUTIES

The minimum personnel of a county or district health department in Michigan consists of a director, at least two public health nurses, a sanitarian, or a sanitary engineer, and a clerk. In addition, a full-time dentist may be added to the staff. The department is enlarged to meet community needs by the addition of personnel to the various divisions. All members of the staff shall meet minimum qualification standards as established by the Conference of State and Territorial Health Officers. Since the success of any health department is largely dependent upon the quality of personnel administering it, it is imperative that all appointments be made solely on the basis of ability, training, experience and character.

The Director

The director of a health department, in addition to being a physician, must have special training in the field of public health and have ability as an organizer and administrator. He is responsible for the leadership and management of the health department. He must be concerned with community health services, with the education of the public in ways of healthful living and with the social and economic aspects of the community insofar as they affect the public health. He should survey the health needs of the community and the facilities for meeting these needs. The director is the individual in any community who is primarily responsible for a broad program for protecting the health of all the people in that community.

SOME ACTIVITIES OF A COUNTY OR DISTRICT HEALTH DEPARTMENT



The director carries on the following activities:

- A. Collects and analyzes the vital facts pertaining to the community and molds the health department program to meet the community's particular needs. These vital facts are:
 - 1. The number of births and deaths.
 - 2. The amount of illness from communicable diseases.
 - 3. Reports on specimens submitted to state laboratory for examination.
- B. Directs activities of health department personnel.
- C. Organizes community resources, facilities and personnel and directs them toward the solution of community health problems.
- D. Acts as health officer of the county or district, with full responsibility for the administration of the health laws and regulations for the control of communicable diseases under the advice and direction of the Michigan Department of Health. These duties include:
 - 1. Diagnostic services to physicians.
 - 2. Isolation and quarantine of reported cases of communicable diseases.
 - 3. Epidemiological investigation of outbreaks of communicable diseases, and check-up on suspected cases and contacts.
 - 4. Provision of a tuberculosis program, including:
 - a. Diagnostic clinics.
 - b. Tuberculin testing and x-ray.
 - c. Hospitalization of active cases of pulmonary tuberculosis.
 - 5. Provision of a venereal disease program including:
 - a. Investigation of sources of infection and contacts.
 - b. Return to physician of cases neglecting treatment.
 - 6. Immunization of individuals against smallpox and diphtheria (typhoid, whooping cough, etc., where necessary).
 - 7. Distribution of biologic products for use in immunization, diagnosis and treatment of communicable diseases.
- E. Reports regularly to the health committee of the board of supervisors the activities of the health department and discusses with them programs for future work.
- F. Promotes an adequate maternal health program.
- G. Provides for an infant, preschool and school health service including:
 - 1. Immunization of children against diphtheria and smallpox.
 - 2. Physical examination of children.
 - 3. Dental care.
- H. Maintains contact through the newspapers with the general public regarding communicable disease prevalence, special projects, etc.
- I. Addresses meetings of lay and professional groups on public health topics.

- J. Plans demonstration and exhibit materials.
- K. Prepares health department publications.

The Public Health Nurse

Nurses employed by the health department should have training and experience in the techniques of public health nursing. The nurse makes a material contribution to all divisions of health work and no health department can function efficiently without her services. Her intimate contact with the people of the community gives them an understanding of health work and obtains their confidence and support. Her work is a specialty, preparation for which should consist of instruction in public health nursing for at least one year at a recognized university. In addition she should have had at least one year of experience under adequate supervision unless she is to work in a health department which provides a qualified supervising nurse.

Ideally there should be one public health nurse for every 3,000 persons, but often one nurse must serve from 8,000 to 10,000 people, and sometimes even more.

Where there are not enough nurses on the staff, participation in some of the health activities must be neglected completely or the services must be very meager. Since the health department rarely has enough nurses to meet community needs, the amount of time spent on each activity should be carefully planned.

The public health nurse works closely with the county health director and other members of the staff in promoting personal and community health. She is interested in the health of all members of the family. To assist the family in keeping well, the public health nurse carries on the following services and activities:

A. Maternity.

1. Gets in touch with prospective mothers and assists them in securing medical and dental examination and supervision early in pregnancy and throughout the prenatal period.
2. Aids mothers in following instructions of physicians before, during and after the birth of their children.
3. Teaches through demonstration, and supervises care given by others.
4. Helps the family to carry out specific medical advice as to maternal hygiene and infant care.
5. Participates in promoting adequate resources for maternity care through appropriate channels of community education.

B. Infant and preschool health.

1. Assists in securing medical supervision, dental examination and correction of defects for every child.
2. Assists the family to carry out general and specific medical instruction concerning hygiene and the daily regimen of the child including early establishment of sound health habits.

C. School health.

1. Assists physicians in the examination of pupils and in the interpretation of findings to teachers, parents and children.
2. Emphasizes the value of adequate health supervision.
3. Explains what facilities are available for medical and nursing care and assists in securing correction of defects.
4. Promotes the maintenance of a healthful school environment —physical, emotional and social.
5. Develops relationships to coordinate school nursing activities with all other health forces of school, home and community.

D. Industrial nursing.

1. Teaches personal hygiene and the prevention of diseases to individuals and groups of employees.
2. Cooperates with all health and social agencies in the community which promote the health and welfare of the worker and his family.

E. Acute communicable disease.

1. Teaches the need of medical care and assists the family to secure it.
2. Instructs parents, teachers, other individuals and groups.
 - a. To recognize early symptoms and isolate suspected cases.
 - b. To carry out proper precautions to prevent the spread of infection.
 - c. To appreciate the importance of adequate convalescent care.
 - d. To prevent certain communicable diseases through immunization.
3. Promotes the complete reporting of reportable diseases.

F. Tuberculosis.

1. Assists in finding cases and contacts and securing medical examination and supervision.
2. Teaches patient and family the importance of personal hygiene and the precautions to be taken to prevent the spread of infection, and when necessary demonstrates proper nursing care.
3. Helps to arrange for sanatorium and postsanatorium care and rehabilitation of patient when indicated.

G. Syphilis and gonorrhea.

1. Assists in finding cases and contacts and in securing medical examination and supervision.
2. Promotes continued treatment through assisting patient to follow prescribed routines.
3. Teaches patient and family the importance of personal hygiene and precautions to be taken to prevent the spread of infection.

H. Non-communicable disease.

1. Assists in securing early diagnosis and treatment.
2. Observes and assists in the adjustment of health situations in the home, teaches general hygiene and the prevention of disease; puts the family in touch with community resources.

I. Orthopedic nursing.

1. Observes and teaches others to recognize signs of orthopedic defects and helps to secure diagnosis and supervision.
2. Gives or arranges for necessary nursing care, teaches through demonstration and supervises care given by others.

J. Sanitation.

1. Observes any unsatisfactory conditions which may exist in the source of water supply, milk supply and means of excreta disposal and reports them to the sanitarian.
2. Observes lighting, ventilation and screening in homes and schools and consults with the sanitarian regarding conditions found.

The Sanitarian

The sanitarian is an essential member of the staff of every county or district health department. Environmental sanitation is the foundation of all health work. It is the duty of the sanitarian to recognize insanitary conditions and practices and work for their elimination or correction.

Safe water supplies and good, clean and safe milk supplies must be available; proper disposal of excreta provided; and the pollution of lakes and streams prevented. The sanitation of schools, buildings and other public places is constantly checked. Promoting safe sanitary practices at summer resorts, bathing beaches, swimming pools, camps and picnic grounds, fishing places and summer schools is an important part of his duties. Places serving food and beverages, slaughter houses and other establishments handling food products require inspection. Investigating and bringing about the abatement of public health nuisances is also a part of his duties.

Certain phases of his work are supervised by the Bureau of Engineering, Michigan Department of Health, which also furnishes technical advice on engineering problems.

The sanitarian does the following things in his field:

- A. Carries on certain phases of the communicable disease control program including:
 1. Control of community sanitation as it affects the spread of communicable diseases. (Applies chiefly to enteric infection).

2. Control of water and milk production and distribution to prevent contamination with disease producing organisms.
3. Control of food handling and instruction of food handlers with regard to the safe handling of certain foods.

B. Inspects water supplies and collects samples.

1. Municipal.
2. School water supplies.
3. Private wells. (On request).

C. Inspects milk supplies.

1. Dairy farms.
2. Raw milk plants.
3. Pasteurization plants.

D. Inspects resorts. (Water supplies, excreta disposal, food handling, milk, swimming, etc.).

E. Inspects swimming places. (General sanitation, pollution and safety).

F. Inspects schools. (Heating, lighting, ventilation, water supply, sewage disposal, handwashing facilities, etc.).

G. Inspects public premises as to sanitation.

H. Inspects private premises (Usually for the abatement of nuisances).

I. Inspects restaurants, cafes, taverns and other food and beverage dispensing places.

J. Inspects slaughter houses.

The Clerk

A well qualified clerk is an essential part of any local health department. At least one clerk is desirable for each five members of the field staff. Her work consists of stenography, typewriting, filing, keeping financial records, ordering supplies, answering telephone and giving information. Her office record work consists of indexing, summarizing day sheets, checking records against each other, transcribing data, preparing certain forms supplemental to basic records, tabulating, listing, preparing statistical records and other work. It is not economy to have scientific personnel carrying on the work that a well qualified clerk is capable of handling.

The clerk's responsibility:

A. Handles the routine business of the office including:

1. Care of routine correspondence.
2. Care of health department files.
3. Keeping accounts.
4. Making appointments.
5. Scheduling conferences.

- B. Does some of the statistical work of the health department as:
 - 1. Recording birth and death reports.
 - 2. Recording communicable disease reports received from physicians.
 - 3. Making necessary reports to Michigan Department of Health and other cooperating agencies.
 - 4. Preparing charts and graphs showing health status of community.

- C. Has charge of supplies including:
 - 1. Containers for laboratory specimens.
 - 2. Biologic products.
 - 3. Health department forms.
 - 4. Literature for distribution.

THE BUDGET OF A COUNTY HEALTH DEPARTMENT

The cost of a county or district health department varies with the size and particular needs of a community, and must be determined individually for each county or district. A population unit of at least 20,000 people is usually necessary for the establishment of a county or district health department because of the cost, the minimum annual expenditure for a county health department being approximately \$14,000. With more populous counties the cost may be roughly estimated at about 50 cents per capita. District health departments will run a little higher in cost because of the wider distribution of the population.

SUGGESTED BUDGET FOR A COUNTY HEALTH DEPARTMENT OF MINIMUM PERSONNEL

Item	Source of funds		
	Local	Outside	Total
A. Salaries:			
1. Health officer.....	\$4,000	.....	\$4,000
2. Sanitarian.....	.....	\$1,800	1,800
3. Two nurses @ \$1,800.....	600	3,000	3,600
4. One clerk.....	900	.....	900
B. Transportation:			
1. Health officer.....	.....	500	500
2. Sanitarian.....	.....	500	500
3. Two nurses @ \$500.....	.....	1,000	1,000
C. Operating expenses.....	1,000	.....	1,000
Total.....	\$6,500	\$6,800	\$13,300

From federal, state or philanthropic sources, or a combination of these.

Sources of financial aid. The county and district health departments in Michigan have been made possible by the financial assistance of the following agencies:

1. Federal aid is available through the United States Public Health Service and the Children's Bureau of the U. S. Department of Labor made possible by the public health provisions of the Social Security Act which provides, among other things, for aiding county or district health departments. These funds are administered by the State Health Department.
2. The state of Michigan grants annually to each full-time county or district health department a sum not to exceed 25 per cent of the cost of maintenance of such department, provided that said sum shall not exceed \$3,000.
3. County support varies, depending on the local resources. The average Michigan county can well afford to pay half the cost of the department.
4. The Children's Fund of Michigan is contributing to six county and 12 district health departments in the Upper Peninsula and the northern part of the Lower Peninsula.
5. The W. K. Kellogg Foundation is contributing to seven county health departments in the southwestern part of the state.

BENEFITS WHICH MAY BE ANTICIPATED

Among the benefits which a community can expect to derive from effective operation of a full-time health department are the following:

1. An improvement in the health status of the community with a resultant saving in time lost from employment.
2. A reduction in the incidence and spread of the common, acute, communicable diseases with a resultant saving in time lost from employment or from school because of illness and quarantine.
3. A reduction in the incidence and spread of tuberculosis with an ultimate saving to the state and county in the cost of hospitalization.
4. A reduction in the incidence and spread of venereal diseases with a resultant saving in the cost of treatment.
5. A demonstrable reduction in the number of infant deaths.
6. A demonstrable reduction in the number of maternal deaths.
7. An improvement in the physical condition and sanitation of school plants.
8. The protection of the community against unsafe water supplies and sewage disposal and the insanitary handling of food and milk.
9. More Michigan resorts made safe to tourists through improvements in sanitation, thereby bringing more tourists' money into the community.
10. Continuing health services—from the prenatal period through adult life.

ORGANIZING THE HEALTH DEPARTMENT

The organization of a full-time county or district health department in any area can be accomplished only through the united efforts, careful planning and continued support of a representative group of community leaders. A planning and organizing committee made up of interested representatives of governmental, professional and business groups should be formed in any community considering the organization of a health department. The committee can select an influential and interested chairman, appoint a small advisory council and assign special activities to various sub-committees. It has proved effective to have an organized lay group in each township, with an efficient local chairman responsible to the county chairman and also serving on the advisory council.

Four cooperating groups. In planning the formation of a full-time health department, the committee should consider four main groups whose approval and help will be necessary: (1) the local medical and dental professions, (2) the supervisors who are the appropriating and legislative agency for each county, (3) existing health agencies, both official and voluntary, and (4) the general public to be served by the proposed department.

The approval and cooperation of members of the local medical society are necessary to insure the success of any public health program. It is, therefore, important that the doctors fully understand and take a leading part in community planning for the organization of a full-time health department. Representatives from the State Health Department can be called upon at any time to work with local planning committees in explaining the organization and objectives of full-time health departments. It is effective to have members of the local medical society appear before the board of supervisors at the time the request is made for an appropriation for the proposed department.

Before the request for organization of a health department is presented to the board of supervisors, the objectives, accomplishments and economic as well as humanitarian values of such a department should be fully explained to each individual supervisor. This should be done by leading citizens in the community served by the supervisor, supported by representatives from the State Health Department and invited directors of neighboring full-time health departments. A committee of the board of supervisors may be appointed to investigate the operation of similar departments in other counties. Once a supervisor realizes the value of a health department and the desire of his constituents for such a department, his active support may be expected.

If the community is already being served by part-time health agencies and city, county and school nurses, representatives of these agencies should be included on the planning committee and their co-operation assured. Voluntary health agencies can also play an important part in outlining community health needs and informing the people how a full-time health department can meet these needs.

Securing public support. Public knowledge and support for the committee's plan may be achieved through such lay groups as service clubs, parent-teacher associations, women's clubs, child study groups and other civic groups interested in community improvement. Committee chairmen may be found among the leaders of these clubs and among church, school and Grange leaders and business men. A most important aid in reaching the general public will be the local newspapers. The editors can be of great assistance through the publication of articles and editorials explaining the purpose and scope of activities of the full-time health department. Wherever possible, newspaper editors and radio managers should be invited to work with the planning committee.

Both the state and federal governments are interested in making important contributions to a local health department. Planners of county health programs, therefore, should ask the advice and cooperation of the Michigan Department of Health at their earliest opportunity. Department representatives can explain the rules of the state pertaining to the setting up of local health units, what federal funds are obtainable for local health work, conditions under which allowances are made, and the amount which can be granted to a particular local department. The Michigan Department of Health acts largely in an advisory capacity, offering to the county health departments consultant service in the various public health specialties. The State Health Department is prepared to give such aid and assistance as may be necessary to county health departments.

With well organized community support based upon a careful analysis of health needs and scientific planning in terms of population, taxable wealth and objectives to be attained, any community should be able to provide itself with the modern health protection assured by a full-time health department.

WHAT THE SUPERVISORS SAY

Recently chairmen of boards of supervisors in Michigan areas supporting county and district health departments were asked to give their candid opinions as to the value of the health organizations to their localities. Following are verbatim extracts from their replies:

"When I first became a member of the board of supervisors, the people of my township were very much opposed to a county health department. But as the department began to function we soon saw the great opportunity to improve our health. The great service the department has been to our school children in bringing immunization to them against the contagious diseases. The prenatal care extended to mothers. The wonderful improvement in care of the teeth of the children, even the dentists of our county speak of the change in folks' care of their teeth. The way the department has checked any outbreak of the disease and the care the department takes to prevent disease. Doctor, I believe we would stage **some** protest if we ever

hear suggested a plan to do away with the County Health Department."

* * * * *

"We believe our health unit to be of such great value to the people of county both from a financial standpoint and as a health protection, that we vote funds each year to continue this work."

* * * * *

"The health unit is an asset to the county. We consider the money spent a good investment. It has curbed communicable disease considerably. I do not believe it has cut down hospitalization costs to any amount as most of the cases hospitalized they have no control over.

"The health unit is much superior to the health officers; in fact, we have eliminated all of ours except one who holds his job by politics.

"The health unit applies equally to the rural and city populations. In the rural sections they have done a fine job in grading all our milk and in the cities they have been particularly useful in enforcing the health ordinances.

"The really big thing our unit has done has been to cut down materially the death rate of mothers and babies, and we believe it has been well worthwhile from this point alone."

* * * * *

"Have had wonderful cooperation from people of our county, since they have become familiar with the work.

"At first we had difficulty raising money because some of our board of supervisors were afraid the work would not pay, but now it appears that most all are satisfied.

"We have no trouble getting our appropriation."

* * * * *

"We find the health unit much better than when health matters were handled by township officers.

"We have not found any disadvantage to either city or rural sections. May I add this. The care we extend to prenatal cases, small children, and school cases has shown wonderful results."

* * * * *

"I would say without any hesitation that the plan we have now is vastly superior to the hit-and-miss township administration of health. This is universal and the standards of reporting cases and also of sanitation are the same throughout the territory covered.

"It is a real advantage, and our people are very well satisfied throughout the county."

* * * * *

"We believe our health unit to be an asset to the county. We do consider the money that we spend a good investment, and as I previously stated about hospitalization we expect it also to save us considerable.

"We have found our unit superior to township health officers. We have not found the health unit a disadvantage to either city or to rural sections."

* * * * *

"We consider it a good investment. It does save money and it does curb communicable disease.

"As a reflection of the effectiveness of our immunization program against diphtheria and smallpox, the record shows that not a single case of diphtheria has occurred in a school child during the past six years, and no case of smallpox in a school child since 1931. This is an illustration of the value of public health and the manner in which it works. Results are frequently not immediately apparent, but continuous and persistent effort over a period of years invariably demonstrates its value. This applies as well to other divisions of our work such as milk, water, school, resort and restaurant inspection. As a result of the practical elimination of these diseases, the expenditures for the care of communicable diseases in the indigent have decreased from approximately \$6,000 annually to an average of \$2,200 for the past six years.

"Our board of supervisors would not vote to go back to the old system."

HISTORICAL DEVELOPMENT OF LOCAL HEALTH ADMINISTRATION

1831—Legislative Council of Territory of Michigan passed first laws for preservation of health by providing for removal of nuisances. The slaughtering of animals or cleaning and dressing them was forbidden, within 80 rods of the Detroit River and within three miles of Detroit. Penalties were fixed against "any person who shall throw any dead animal into waters of Detroit River."

1832—General laws providing:

- (1) Examination of persons infected with pestilential disease.
- (2) Detaining and inspection of vessels.
- (3) Regulation of communication with places where pestilential disease was believed to exist.
- (4) Removal of articles injurious to public health.

1837—Michigan becomes a state.

1838—Revised statutes of 1838—Permissive.

- (1) Township boards of health appoint health officer.
- (2) "Quarantine ground."

1846—Act specifying supervisor and justices of peace of every township as board of health—empowered to employ a health officer.

1873—State Board of Health formed.
Mandatory for local board of health to appoint as health officer a well educated physician in cities and villages and in townships where practicable.

1895—All communicable disease reports to be "made immediately to the health officer."

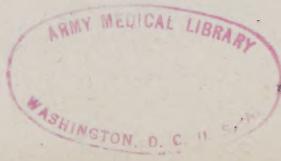
1917—Law authorizing the formation of health districts—contiguous townships and villages.

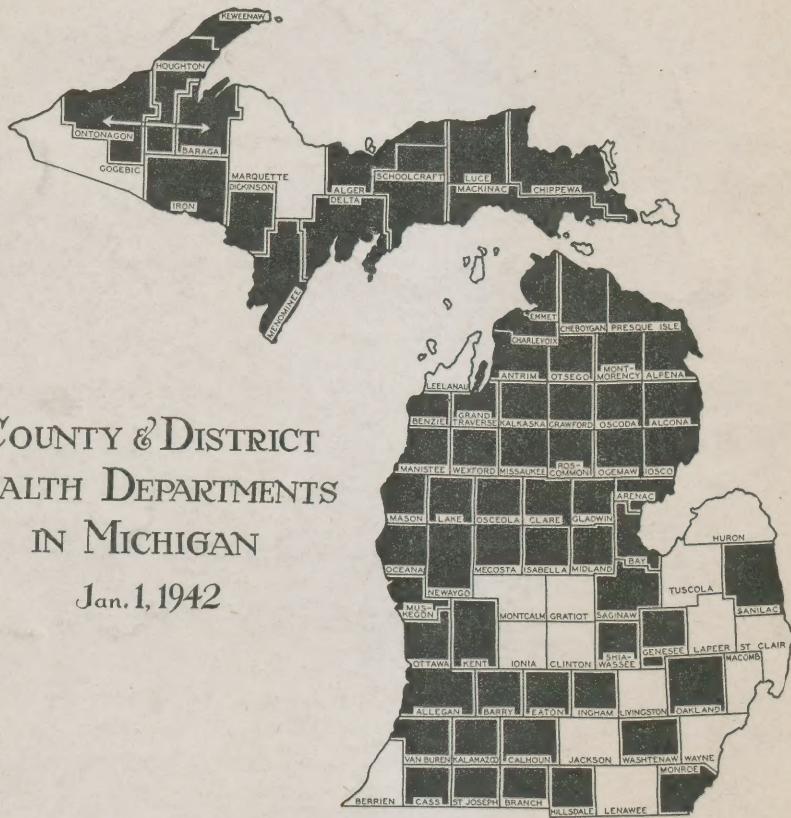
1925—An act to authorize the employment of public health nurses by counties (Act 7, P. A. 1925).

1927—County Health Department Enabling Law (Act 306, P. A. 1927).

1929—Provision of state refund not to exceed \$3,000 per year (Act 118, P. A. 1929).

1941—An act amending Act 306, P. A. 1927, to provide for the establishment of an official county board of health and authorizing said board to have and exercise the same powers and perform the same duties as conferred by law upon boards of health of townships, villages, cities and health district (Act 198, P. A. 1941).





COUNTY & DISTRICT HEALTH DEPARTMENTS IN MICHIGAN

Jan. 1, 1942